

State of California
Division of Workers' Compensation - Medical Unit
Replacement Panel Request-8 Cal. Code of Regulations section 31.5
(Please print or type)

2458351	7173815490	ADJ12031731	02/15/2019
Original panel number (Required)	Claim number (Required)	EAMS number (if a case is filed)	Date of Injury(Required):
Jonathan Shockley			Requesting Party (Required)
Employee first name (Required)	Middle Initial	Employee last name (Required)	<input checked="" type="checkbox"/> Applicant's Attorney/Injured Worker
			<input type="checkbox"/> Defense Attorney/Claims Administrator

Indicate the reason why each QME should be replaced. A list of reasons is included in the instructions to this form. Attach documentation to this form to support the request for a new panel or explain the reason for the request in the space provided below. The failure to adequately document your request may result in your requests being delayed, returned or rejected.

Arzhang Zereshki

1. QME Name (Required)

31.5(a)(2)-The QME cannot schedule the exam within 60 or 90 days. Indicate the date of the initial request for an appointment in the space provided.
Reason for Replacement (Required)

Albert Retodo

2. QME Name

☒ In Represented cases only: Please check this box if this QME is being replaced because the QME was stricken in the 4062.2(c) process.

Reason for Replacement

Stuart A. Rubin

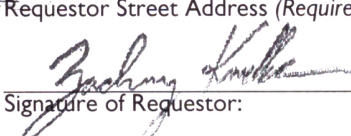
3. QME Name

☒ In Represented cases only: Please check this box if this QME is being replaced because the QME was stricken in the 4062.2(c) process.

Reason for Replacement

Use this space to provide additional information about your request; attach additional pages as necessary to explain the issues concerning your replacement request. Please attach additional documentation as necessary to support your request. Requests that are either incomplete, inadequately documented or are otherwise incomprehensible will be returned. Please indicate the new address of the injured worker or the workplace zip code where the panel should be issued in the space provided below.

Called Dr office on 10/3/2019, not scheduling until 4/2020.

10/3/2019	Zachary Kweller	5104442512
Date of Request: (mm/dd/yyyy)	Name of Requestor (Required)	Requestor Phone Number:
	333 Hegenberger Rd #504	Oakland
	Requestor Street Address (Required)	Requestor City (Required)
	CA	94621
	Requestor State (Required)	Requestor Zip Code (Required)
		
	Signature of Requestor:	

State of California

DIVISION OF WORKERS' COMPENSATION

Department of Industrial Relations

INJURED WORKER INFORMATION

Panel #: 2458351

SEP 13 2019

Date Request Received: 08/22/2019
Claim No(s): 7173815490
Date(s) of Injury: 02/15/2019

Date Issued: 09/11/2019

No. of Req: 4

Employee: JONATHAN SHOCKLEY
Employer: CARDIONET LLC
Ins./Adj. Agency: MARIO CASTRO
CHUBB GROUP LOS ANGELES
PO BOX 30850
LOS ANGELES CA 90030

To: JAMES J. GOINES - DEF ATTY
COLANTONI COLLINS SAN FRANCISCO
201 SPEAR ST STE 1100
SAN FRANCISCO, CA 94105

Applicant Attorney: ZACHARY KWELLER
FARBER OAKLAND
333 HEGENBERGER RD STE 504
OAKLAND, CA 94621

SELECTED QUALIFIED MEDICAL EVALUATOR PANEL:

<input type="checkbox"/> []	PHYSICIAN'S NAME	ALBERT RETODO, MD	
	ADDRESS	490 POST ST STE 500	
		SAN FRANCISCO CA 94102-1406	Tel No.: (510) 781-0211
	SPECIALTY	Pain Medicine	
	YEARS IN PRACTICE	Fifteen	
	PHYSICIAN'S EDUCATION	UNIVERSITY OF THE EAST, MANILA, PHILIPPINES,	
		Degree awarded in 1998	
	PHYSICIAN'S TRAINING	ROTATING-EAST CAROLINA UNIV/PITT CO. MEM, GREENVILLE, NC, 2001-2002	
		PHYS MED & REHAB-EAST CAROLINA UNIV/PITT CO. MEM, GREENVILLE, NC, 2002-2005	
		ELECTRODIAG/SPORTS, QUEEN OF THE VALLEY HOSPITAL, NAPA, CA, 2006	
<input type="checkbox"/> []	PHYSICIAN'S NAME	ARZHANG ZERESHKI, MD	
	ADDRESS	1335 STANFORD AVE	
		EMERYVILLE CA 94608-2536	Tel No.: (510) 647-0113
	SPECIALTY	Pain Medicine	
	YEARS IN PRACTICE	Seven	
	PHYSICIAN'S EDUCATION	ROSALIND FRANKLIN UNIVERSITY OF MEDICINE, NORTH CHICAGO, IL	
		Degree awarded in 2007	
	PHYSICIAN'S TRAINING	ROTATING-ADVOCATE LUTHERAN GENERAL, PARK RIDGE, IL, 2008-2009	
		PHYS MED & REHAB-UNIVERSITY OF MICHIGAN, ANN ARBOR, MI, 2009-2012	
<input type="checkbox"/> []	PHYSICIAN'S NAME	STUART A. RUBIN, MD	
	ADDRESS	2000 EMBARCADERO STE 200	
		OAKLAND CA 94606	Tel No.: (800) 458-1261
	SPECIALTY	Pain Medicine	
	YEARS IN PRACTICE	Twenty-Seven	
	PHYSICIAN'S EDUCATION	NEW YORK MEDICAL COLLEGE, VALHALLA, RI	
		Degree awarded in 1988	
	PHYSICIAN'S TRAINING	INTERNAL MEDICINE-BOOTH MEMORIAL HOSPITAL, FLUSHING, NY, 1988-1989	
		PHYS MED & REHAB-ALBERT EINSTEIN COLL OF MED, BRONX, NY, 1989-1992	
		PAIN MED/ANESTHESIA, SUNY DOWNSTATE, BROOKLYN, NY, 1993	

QME Form 107(rev. February 2009)

UAN: Farber Oakland
ERN: 7912453
Ruben Amezquita
(510) 444 – 2512 x 130
Ruben.amezquita@farberandco.com

PROOF OF SERVICE BY MAIL

I, the undersigned, am employed in the County of Alameda; I am over 18 years of age, and I am not a party to the within action; my business address is: Farber & Company Attorneys, P.C., 333 Hegenberger Road Suite 504, Oakland, CA. On October 3, 2019 I served the within:

Request for Replacement Panel

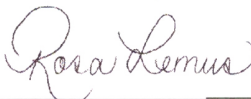
on the parties listed below in said action by placing a true and correct copy thereof in a sealed envelope with the required postage therein, fully prepaid, for collection and mailing on the date and at the place shown below following ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that this correspondence was placed for collection and mailing, it was deposited in the ordinary course of business in a sealed envelope with postage fully prepaid and deposited in the United States mail at Oakland, CA, addressed as follows:

DWC Medical Unit
PO Box 71010
Oakland, CA 94612

Chubb Group Los Angeles
PO Box 42065
Phoenix, AZ 85080

Colantoni Collins San Francisco
201 Spear Street, Suite 1100
San Francisco, CA 94105

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on October 3, 2019 at Oakland, CA.



Rosa Lemus